



New Account & Change Form

If you are opening a new account, you must contact an active provider to establish an account for this form to be valid. Active employees do not need to submit address changes. This information is automatically updated to our system from payroll. Make sure to keep your provider updated with any name or address changes.



Please complete the form as follows: **New Account:** All sections except 5; **Change to Existing Account:** Sections 1, 7 and section(s) changed; **Transfers to New Account:** All sections except 2 & 4; **Transfers to Existing Account:** Sections 1, 5, and 7.

1. Personal Information

Name _____ Social Security # _____

Last

First

MI

Previous name (if name recently changed) _____

Telephone # (daytime) _____ (evening) _____

Date of Birth _____

2. Address

Address _____

City _____ State _____ Zip Code _____

3. Investment Provider Selection for New Account

Complete only if opening a new account. Choose only one for each column:

Active Provider

AIG VALIC ☐

Equitable of US ☐

Hartford Life ☐

ING Financial Advisers ☐

Plan Type

457 ☐

401(a) ☐

457 & 401(a) ☐

4. 457 Payroll Deduction

☐ Start Deductions

Deduct \$ _____ per month

☐ Change Deductions

Change Deductions to \$ _____ per month

☐ Stop Deductions

Only one box may be selected. Not necessary to complete if you are stopping your deductions.

☐ 1st check of month

☐ 2nd check of month

☐ 1st & 2nd check of month (amount equally divided)

Complete only if you have chosen to send your contributions to more than one investment provider.

1) _____, \$ _____
(Investment Provider) (Account #, if known) (Amount to Send)

2) _____, \$ _____
(Investment Provider) (Account #, if known) (Amount to Send)

PERSONNEL ASSISTANT USE ONLY

Date Received: _____

Pay Check Effective Date: _____

Personnel Assistant Name: _____

Personnel Assistant Phone#: _____

RIC USE ONLY

Date Effective: _____

Date Entered: _____

Entered By: _____

Checked By: _____

5. Transfers to Another Provider

Complete this section if you want to transfer your future contributions, your account balance, or both to another provider. If you are transferring to a new account, you must complete the receiving provider's paperwork.

Balance Transfers

Please indicate if you are transferring your (check on box only): ☐ 457 only ☐ 457 & 401(a) ☐ 401(a) only

☐ Close my account with _____ and transfer my total balance to _____
Provider Name Provider Name

☐ Annually transfer my penalty-free amount from _____ to my account at _____
Provider Name Provider Name

Contribution Transfers (If you are changing your contribution amount, please complete section 4)

☐ Stop my contributions to _____ and send them to _____
Provider Name Provider Name

6. Representative's Signature

I certify that I am an authorized representative of _____ (provider name), and that the participant is establishing a 457 account and/or 401(a) account to be invested in the _____ (product name) currently offered by the State of Iowa.

Signature

Name (please print)

Date
()
Telephone

Representative #
- _____

7. Participant's Signature

I understand and agree to the terms and conditions of the Retirement Investors' Club. I have access to a Summary Plan Document and a Provider Comparison Chart.

X

Signature

Date

- For current State of Iowa employees, please send this form to your personnel assistant or payroll department
- For retired or terminated employees, please send this form to:
Iowa Department of Administrative Services
Retirement Investors' Club
Grimes State Office Building
400 E. 14th Street
Des Moines, IA 50319